

## HERSHKOVITZ & ASSOCIATES PATENT AGENCY 2845 DUKE STREET ALEXANDRIA, VA 22314 703-370-4800

In re application of

: Robin H. Gustin et al

Docket No.: J69004

Application No.

: 09/113,913

Group Art Unit: 3624

Filed For : July 10, 1998

Examiner: Kelly Scaggs Campen

: Automated Document Cashing System

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a Power of Attorney in the above-captioned application.

The fee has been calculated as shown below:

Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
		<u>.                                    </u>	Rate	Fee	Rate	Fee
*Total Claims:			x 25=	\$	x 50=	\$
**Indep. Claims:			x 100=	\$	x 200=	\$
Multiple Dependent Claims Presented			+180=	\$	+360=	\$
Extension Fees for Month			\$		\$	
				\$		\$
			Total:	\$	Total:	\$

<sup>\*</sup> If less than 20, write 20

\_\_Please charge my Deposit Account No. 50-2929 in the amount of \$ \_.

\_ A Check in the amount of \$ \_ to cover the necessary fee is included.

X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:

X Any additional filing fees required under 37 C.F.R. 1.16.

Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1 .136)(a)(3).

June 15, 2007

Date

Abraham Hershkovitz

Reg. No. 45,294

<sup>\*\*</sup>If less than 3, write 3

**REVOCATION OF POWER OF** Patent Number ATTORNEY WITH NEW Issued Date POWER OF ATTORNEY AND First Named Inventor **Robin Haley Gustin CHANGE OF** Application No. 09/113,913 CORRESPONDENCE Examiner's Name Kelly Scaggs Campen **ADDRESS** Attorney Docket No. J69004 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR [X] I hereby appoint the practitioners associated with the Customer Number: 000040401 [X] Please change the correspondence address for the above-identified application to: **CORRESPONDENCE ADDRESS** [ X ] Customer Number: <u>000040401</u> [ ] OR Correspondence address below Name HERSHKOVITZ & ASSOCIATES Address City State Zip Code Country Telephone 703-370-4800 Fax 703-370-4809 I am the: [] Applicant/Inventor [X] Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) appears below. STATEMENT UNDER 37 CFR 3.73(b)(1)(ii) and 37 CFR 3.73(b)(2)(i) The documentary evidence of a chain of title from the original owner to the assignee of this patent application is recorded in the assignment records of the Office as follows: (1) From Troy W. Livingston, Namsoo Park and Nabil Shekoory to Capital Security Systems, Inc. at Reel 9460, Frame 0215: (2) From Robin Haley Gustin to Capital Security Systems, Inc. at Reel No. 9461, Frame 0167. The person signing below is a person authorized to act on behalf of the Assignee. Signature of Applicant or Assignee of Record Name Robin Haley Gustin, President Capital Security Systems, Inc. Signature **Júne 14, 2007** Date Telephone